

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-675)

SERIAL NO.  
09989910

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.		IND.	DER.
1	1		1				51			51		
2		1					52			52		
3		1					53			53		
4		1					54			54		
5		1					55			55		
6		1					56			56		
7		1					57			57		
8							58			58		
9							59			59		
10							60			60		
11							61			61		
12							62			62		
13							63			63		
14							64			64		
15							65			65		
16							66			66		
17							67			67		
18							68			68		
19							69			69		
20							70			70		
21	1						71			71		
22		1					72			72		
23		1					73			73		
24	1						74			74		
25		1					75			75		
26		1					76			76		
27		1					77			77		
28	1		1				78			78		
29		1					79			79		
30		1					80			80		
31		1					81			81		
32	1						82			82		
33		1					83			83		
34		1					84			84		
35							85			85		
36							86			86		
37							87			87		
38							88			88		
39							89			89		
40							90			90		
41							91			91		
42							92			92		
43							93			93		
44							94			94		
45							95			95		
46							96			96		
47							97			97		
48							98			98		
49							99			99		
50							100			100		
TOTAL IND.	5		5				TOTAL IND.					
TOTAL DER.	29		49				TOTAL DER.					
TOTAL CLAIMS	34		47				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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